



Suffolk County Department of Social Services

HOUSING REQUEST FORM

Case Name:		Case Number:
New Proposed Address:		
<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Room <input type="checkbox"/> SSP <input type="checkbox"/> Section 8		Tentative Move Date: _____
Monthly Rental Amount: _____		Utilities included in rent:
<input type="checkbox"/> Section 8 client's obligation: _____		Heat: <input type="checkbox"/> YES <input type="checkbox"/> NO Heat Source: _____
<input type="checkbox"/> Security Amount: _____		Electric: <input type="checkbox"/> YES <input type="checkbox"/> NO Gas (Cooking): <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Broker's Fee Amount: _____		Water: <input type="checkbox"/> YES <input type="checkbox"/> NO Other: <input type="checkbox"/>
Does the Household need a mover? <input type="checkbox"/> YES <input type="checkbox"/> NO		If not included, are these shared with other units?
<small>* If yes, you must submit two estimates for review. See reverse side.</small>		Utility Meter: <input type="checkbox"/> Yes <input type="checkbox"/> No Burner/Heat System: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have items in storage? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Household member	Relationship	Age	Income- Yes or No	Source of income For example: SSI, SSD, Wages, TA grant

*List additional household members on a separate piece of paper

New/Proposed Landlord's Name (Print)	Landlord's Address and Phone number	Landlord's Vendor number:
		<i>W-9 must be completed and attached if Landlord doesn't already have a vendor number, or if vendor address has changed</i>
Broker's Name (Print)	Broker's Address and Phone number	Broker's Vendor number:
		<i>W-9 must be completed and attached if Broker doesn't already have a vendor number, or if vendor address has changed</i>

I, the landlord, have read this form in its entirety (front and back) and understand my role and responsibilities as landlord as it relates to this agreement.

LANDLORD SIGNATURE	DATE _____
BROKER SIGNATURE	DATE: _____

I have read this form completely and fully understand that if I move before the Suffolk County Department of Social Services notifies me that my request has been approved, they will not participate in the move.

TENANT SIGNATURE _____ DATE _____ TENANT SIGNATURE _____ DATE _____

APPROVED	DISAPPROVED	DATE
SSE I _____	_____	_____
SSE II/III _____	_____	_____



SUFFOLK COUNTY DEPARTMENT OF SOCIAL SERVICES HOUSING REQUEST

RECIPIENT: In order for your request to be considered, this form must be completely filled out and submitted to your Center. You must fill in all the blanks and get all the information yourself. The Agency can only participate in your relocation if you have a documented and valid reason to move.

The following shelter standards are allowed as defined in 18 NYCRR 369.2 (c) and 369.5 (c): (11/03)

STATE SET SHELTER STANDARD NUMBER OF PERSONS IN YOUR FAMILY

SHELTER ALLOWANCE	1	2	3	4	5	6	7	8 or more
WITHOUT CHILDREN	309	358	412	449	486	503	523	573
SHELTER ALLOWANCE								
WITH CHILDREN	310	358	447	503	560	586	611	611

You must obtain all information necessary to complete this form prior to returning the Housing Relocation Request Package to your Client Benefits Worker. Incomplete packages will be returned to you for completion.

*If you need a mover, you must explain why you cannot move yourself. You must also attach two estimates from two different moving companies for your request to be considered. These estimates must be itemized and be on the company's stationery.

LANDLORD: In the event that tenant must pay for heat separately from his/her rent and the heating system does not work properly and the health and welfare of the family is in jeopardy, it is understood that landlords will repair the system in a timely fashion. It is also understood that in emergency situations if such repairs are not made within a three (3) hour period, for whatever reason, the landlord authorizes the Department of Social Services to make any necessary emergency repairs to the heating system on behalf of the tenant. It is further understood that any costs for repairs will be reimbursed to the Department of Social Services by the landlord.

Incorrect or untruthful statements, particularly with regard to the actual rent to be charged and the utilities included in the rent, may cause processing delays or a denial of the housing request. Any rent or utilities charged to the public assistance recipient over and above that shown on the Housing Request Form, will go unbudgeted by this Department and will likely cause the tenant to fall behind in payments. A misstatement by the landlord concerning the actual rent amount and the utilities included in the rent shall be grounds to invalidate a Security Claim.

New York State Regulations (352.6) provide for Social Services Districts to enter into legal agreements with landlords whereby Security against non-payment of rent and/or tenant caused damages are secured via a "Security Agreement" (SCO/IM 571).

Landlord claims against security for (a) client's non-payment of rent or (b) client caused damages to the rental premises must be submitted to this Department within ten (10) days of the day the damages are identified and/or the tenant has relinquished the premises.